

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000090322 (5)

1. Corporation Name:

GOLDEN BLOSSOM INCORPORATED

FILED  
Mar 11 1997 8:00am  
Secretary of State



Principal Place of Business

2571 N HIATUS RD  
COOPER CITY FL 33026

Mailing Address

2571 N HIATUS RD  
COOPER CITY FL 33026-1371

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

24 Country

29 Country

30

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

APPLIED FOR 65-0659798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

LOK, KAWAI  
1830 NW 107TH AVE  
PEMBROKE PINES FL 33026

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0 WOONTIN, CHIN	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition -Delete-
NAME		
STREET ADDRESS	1830 NW 107 AVE	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	P WANG, MARIE	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1830 NW 107 AVE	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Date

Daytime Phone #

CR2E034 (9/96)